

Medi-Cal Outpatient Drug Free (ODF) Fiscal Model

Hours - Non Perinatal

COUNTY _____
 CONTRACTOR _____
 CONTRACT PERIOD _____
 DATE PREPARED _____
 TYPE OF PROGRAM _____ ODF _____

CONTRACT NUMBER _____
 MEDI-CAL PROV. NO. _____
 CADDs PROVIDER NO. _____

	A.	B.	C.	D.
	PRIVATE	MEDI-CAL	NNA	TOTAL
ENTER COST DATA:				
1. TOTAL GROSS COSTS FROM PROVIDER'S RECORDS				
2. ADJUSTMENTS FOR MEDI-CAL UNREIMBURSABLE COSTS (BY SERVICE PROVIDED)				
a.				0
b.				0
c.				0
d.				0
e.				0
f.				0
g.				0
h.				0
i.				0
j.				0
k.				0
l.				0
m.				0
n.				0
o.				0
p.				0
q.				0
r.				0
s. TOTAL ADJUSTMENTS FOR MEDI-CAL UNREIMBURSABLE COSTS	0		0	0
3. ADJUSTMENTS FOR DIRECT COSTS (IDENTIFY BY SERVICE PROVIDED)				
a.				0
b.				0
c.				0
d.				0
e.				0
f.				0
g.				0
h.				0
i.				0
j.				0
k.				0
l.				0
m.				0
n.				0
o.				0
p.				0
q.				0
r.				0
s. TOTAL ADJUSTMENTS FOR DIRECT COSTS	0	0	0	0
4. TOTAL ADJUSTMENTS FOR MEDI-CAL UNREIMBURSABLE AND DIRECT COSTS	0	0	0	0
5. ADJUSTED GROSS COSTS TO BE DISTRIBUTED				0

	A.	B.	C.	D.
	PRIVATE	MEDI-CAL	NNA	TOTAL
ENTER COUNTY ADMINISTRATION				
6. COUNTY MEDI-CAL ADMINISTRATION (FROM COUNTY RECORDS)				
7. TOTAL COSTS (PROGRAM AND COUNTY ADMINISTRATION)				0

	PRIVATE	MEDI-CAL	NNA	TOTAL
ENTER SERVICE DATA:				
8. TOTAL GROUP SESSIONS FOR YEAR				
9. NUMBER OF GROUP SESSIONS BY COST CENTER				
10. TOTAL GROUP FACE TO FACE VISITS				0
11. TOTAL INDIVIDUAL FACE-TO-FACE VISITS				0
12. AVERAGE MINUTES IN AN INDIVIDUAL FACE-TO-FACE SESSION	0.00	0.00	0.00	0.00
13. AVERAGE MINUTES IN A GROUP FACE-TO-FACE SESSION	0.00	0.00	0.00	0.00

CALCULATED DATA - DO NOT CHANGE FORMULAS BELOW THIS LINE

	A.	B.	C.	D.
	PRIVATE	MEDI-CAL	NNA	TOTAL
ODF GROUP				
14. PERCENT OF GROUP FACE TO FACE VISITS	0.00%	0.00%	0.00%	0.00%
15. GROUP HOURS	0.00	0.00	0.00	
16. PERCENT OF TOTAL HOURS WITHIN COST CENTER	0.00%	0.00%	0.00%	0.00%
ODF INDIVIDUAL				
17. PERCENT OF INDIVIDUAL UNITS OF SERVICE	0.00%	0.00%	0.00%	0.00%
18. INDIVIDUAL HOURS				0.00
19. PERCENT OF TOTAL HOURS WITHIN COST CENTER	0.00%	0.00%	0.00%	0.00%
ODF INDIVIDUAL + GROUP				
20. TOTAL STAFF HOURS	0.00	0.00	0.00	0.00
21. PERCENT OF TOTAL STAFF HOURS	0.00%	0.00%	0.00%	0.00%
COST TOTALS				
22. TOTAL MEDI-CAL UNREIMBURSABLE COSTS	0	0	0	0
23. TOTAL DIRECT COSTS	0	0	0	0
24. DISTRIBUTED ADJUSTED GROSS COSTS	0	0	0	0
25. TOTAL PROGRAM COSTS	0	0	0	0
26. TOTAL COSTS FOR DISTRIBUTION	0	0	0	0

CALCULATIONS BASED ON TOTAL COSTS FOR DISTRIBUTION

27. DISTRIBUTED GROUP COSTS	0	0	0	0
28. TOTAL GROUP COUNTY ADMINISTRATION COSTS		0		0
29. GROUP TREATMENT COSTS	0	0	0	0
30. COST PER GROUP SESSION	0.00	0.00	0.00	0.00
31. COST PER GROUP FACE TO FACE VISIT	0.00	0.00	0.00	0.00
32. GROUP DRUG/MEDI-CAL MAXIMUM RATE PER GROUP FACE TO FACE VISIT		0.00		
33. MAXIMUM ALLOWABLE MEDI-CAL COSTS FOR GROUP FACE TO FACE VISITS		0		
34. ADJUSTED COST PER GROUP FACE TO FACE VISIT (PROVISIONAL RATE)		0.00		
35. COSTS MOVED TO UNRESTRICTED FUNDING SOURCES	0			
GROUP MAXIMUM RATE >>		30.60		

36. DISTRIBUTED INDIVIDUAL COSTS	0	0	0	0
37. TOTAL INDIVIDUAL COUNTY ADMINISTRATION COSTS		0		0
38. INDIVIDUAL TREATMENT COSTS	0	0	0	0
39. COST PER INDIVIDUAL SESSION (FACE TO FACE VISIT)	0.00	0.00	0.00	0.00
40. INDIVIDUAL DRUG/MEDI-CAL MAXIMUM RATE		0.00		
41. MAXIMUM ALLOWABLE MEDI-CAL COSTS FOR INDIVIDUAL SESSIONS		0		
42. ADJUSTED COST PER INDIVIDUAL SESSION (PROVISIONAL RATE)		0.00		
43. COSTS MOVED TO UNRESTRICTED FUNDING SOURCES	0			
INDIVIDUAL MAXIMUM RATE >>		63.90		

CALCULATIONS BASED ON TOTAL COSTS

UNRESTRICTED				
44. TOTAL REIMBURSABLE COSTS	0	0	0	0
45. COST PER GROUP STAFF HOUR	0.00	0.00	0.00	0.00
46. COST PER INDIVIDUAL STAFF HOUR	0.00	0.00	0.00	0.00
47. COST PER TOTAL STAFF HOUR	0.00	0.00	0.00	0.00
48. TOTAL MEDI-CAL COSTS (GROUP + INDIVIDUAL TREAT.)		0		